



Express Mail No.: EV336653413US

## SUPPLEMENTAL APPLICATION DATA SHEET

### Application Information

Application number:: 10/749,117  
Filing Date:: 12/30/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)?:: No  
Number of copies of CRF::  
Title :: DRUG DELIVERY FROM RAPID GELLING  
POLYMER COMPOSITION  
Attorney Docket Number:: 110129.434  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 8  
Small Entity?:: Yes  
Petition included?:: No  
Petition Type::  
Licensed U.S. Gov't Agency::  
Contract or Grant No::  
Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: M  
Family Name:: Gravett  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 616 West 21st Avenue  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V5Z 1Y8

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Hungary
Status::	Full Capacity
Given Name::	Aniko
Middle Name::	
Family Name::	Takacs-Cox
Name Suffix::	
City of Residence::	North Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	#103 – 4390 Gallant Avenue
City of mailing address::	North Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V7G 1L2

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Philip  
Middle Name:: M  
Family Name:: Toleikis  
Name Suffix::  
City of Residence:: Vancouver  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 8011 Laburnum Street  
City of mailing address:: Vancouver  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V6P 5N8

**Fourth Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Arpita
Middle Name::	
Family Name::	Maiti
Name Suffix::	
City of Residence::	Vancouver
State or Province of Residence::	BC
Country of Residence::	Canada
Street of mailing address::	#211 – 2920 Ash Street
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5Z 4A6

**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Leanne  
Middle Name::  
Family Name:: Embree  
Name Suffix::  
City of Residence:: Squamish  
State or Province of Residence:: BC  
Country of Residence:: Canada  
Street of mailing address:: 1070 Finch Drive, Box 45  
City of mailing address:: Squamish  
State or Province of mailing address:: BC  
Country of mailing address:: Canada  
Postal or Zip Code of mailing address:: V0N 3G0

**Correspondence Information**

Correspondence Customer Number :: **00500**  
**41551**

**Representative Information**

<u>Representative Customer Number::</u>		<b>00500</b>
		<b>41551</b>

**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/440,875	01/17/03
This Application	An application claiming the benefit under 35 USC 119(e)	60/437,471	12/30/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

<u>Assignee name::</u>	<u>Angiotech International AG</u>
<u>Street of mailing address::</u>	<u>Bundesplatz 1</u>
<u>City of mailing address::</u>	<u>Zug</u>
<u>State or Province of mailing address::</u>	
<u>Country of mailing address::</u>	<u>Switzerland</u>
<u>Postal or Zip Code of mailing address::</u>	<u>6304</u>